


THE STUDENT PROFILE
A PARENT/TEACHER-ASSISTANT-CENTERED RECORD



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NEW YORK INFIRMARY



CENTER FOR INDEPENDENT LIVING

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THE STUDENT PROFILE: A Dynamic Rehabilitant-Centered Record

R. Rembert Aranda

February 1975

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INTRODUCTION

1.1 Background

The Center for Independent Living is a residential facility providing intensive rehabilitation instruction, psychosocial services, and ancillary medical care to older visually impaired adults from the states of Connecticut, New Jersey, New York and Pennsylvania.

Visually impaired persons over the age of 55 constitute a high need group, since they comprise over half of the "legally" blind¹, yet receive less than 10% of the services provided to the blind. The Center program, partly funded by HEW research and demonstration monies, seeks to investigate the rehabilitation needs of this population, and to identify effective service delivery strategies to meet these needs.

The project contains as an integral element a research component dedicated to systems development support for the research and delivery of services model of the Center. The research component has made a commitment to the establishment of three data base systems:

Student Management -

support for service staff in identifying and recording needs and service plans of individual students.

Monitoring -

support for administrative staff in their function of ensuring quality of care, and optimization of resource use.

Program Evaluation -

determination of project services meeting goals

¹ The Social Security Act of 1935 defines as blind any person whose central vision is 20/200 or less in the better eye with correction, or that has a field restricted to less than 20 degrees.

and identification of components effectively meeting goals, and of those requiring modification.

1.2 *First Year Activities*

The first year research activity of the Center for Independent Living focused on the development of a research design and Rehabilitation Care Model. This design and model were presented in the first interim report of the Center².

The research design and Rehabilitation Care Model is a modified application of the CINCH³ (Computerized Information Network for Community Health) design. CINCH is an integrated health care system developed out of actual service programs with multi-problem, indigent populations and from a patient-oriented analysis of the health system.

1.3 *Second Year Activities*

Our second year research efforts have been directed to the first implementation stages of this design, and its computer support. Progress has been principally in the development of Student Management Instructional subsystems and Monitoring subsystems.

Dr. Annemarie F. Crocetti and Dr. Benjamin Papell, two of the authors of CINCH, have been involved continuously as research consultants during the design and early implementation stages of CILS.

In the following pages progress in the development of these subsystems is presented. These developments are discussed in greater detail in the second interim report of the Center⁴.

² *CILS: A Model For The Social Rehabilitation Of Older Persons With Severe Visual Impairment*, R. Rembert Aranda, National Technical Information Service, Accession No. PB321773/AS.

³ Crocetti, A.F.; Papell, Benjamin, et al., *CINCH, An Integrated Health System*, Community Profile Data Center (DHEW) Technical Paper Series No. 2, Paper 2-1. 1970.

⁴ to be available April 1975.

2. PROGRAM AIMS ADDRESSED BY THE STUDENT PROFILE

The Comprehensive Rehabilitation Care Model⁵ requires accurate and timely information on the needs of students, the service plans prescribed to meet these needs, and the actual services delivered. This requirement is satisfied by a computer-produced management record called the "Student Profile." The content and structure of this record is presented in Section 4. following.

It is possible to integrate the information systems required by a rehabilitation facility into a master system through the use of a data base structured on the basis of a student-centered record. This approach makes possible the most efficient use of project resources committed to information management. Another benefit is the increased accuracy of files implied by the use of a data base, rather than the use of different files for individual systems.

During Fiscal Year 1974 we made significant progress in the development of the Student Profile.

It should be noted that the Student Profile is not intended as a replacement for the care provider record (e.g., instructor's daily progress notes), but rather is an extract from these records of the information required to effectively manage the student's case, and to efficiently coordinate the delivery of services by a multi-disciplinary team of "helping" professionals.

The use of the Profile permits the realization of the four program aims below:

2.1 *Quality Of Care*

The Profile ensures that care providers have available to them current and accurate information about the student's needs, to appropriate levels of specificity.

Since the Profile records the extent and objectives of service delivered it can serve as a base document for peer review. The peer review mechanism is also expected to serve as an aid to the training of rehabilitation staff.

⁵ refer to CILS....., p.21.

2.2 *Continuity Of Care*

There are two dimensions to the concern for continuity of care. First, is a concern for permitting the individual student to experience the Center rehabilitation process as a continuous stream rather than a series of unrelated or little related events. The second dimension is that of enhancing post-termination delivery of care by providers in the student's home community.

The use of the Student Profile addresses the first concern by making available at each staff-student contact, concise and relevant information about student history and interactions with the multi-disciplinary service team. The second concern is addressed by the generation of summary reports for individual students upon termination. These reports may be used as "passports" by the student to various home community care providers.

Each care provider will have a student profile tailored to meet his information needs. This tailoring is intended to maximize its value to the professional, and to ensure the privacy of the student.

The individual Student Profile is opened when a referral for service is made. At initial contact with instructors and other care providers the Profile receives data about service objectives and baseline performance for the student. The Profile is designed to be updated weekly to record progress towards objectives and services delivered to each student.

2.3 *Monitoring Of Service Delivery*

The progress of individual students will be monitored by comparing the student's current status/achievement with his service objectives. Exception reports generated by the Monitoring System will alert the appropriate personnel if specific events defined by the plan for the individual student have not been achieved.

The Monitoring System will also utilize protocol-based delivery algorithms to monitor overall care delivery. A search of the literature indicates that these protocols will to a large extent probably have to be developed by Center staff. However, the work of Dr. Carlos Vallbona at the Texas Institute for Rehabilitation and Research is

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expected to prove useful in the development of treatment protocols for the program.

2.4 *Program Evaluation*

Program Evaluation seeks to quantify the extent of utilization of program resources to meet Center goals and objectives.

A longer-term concern, of course, is enabling the project to meet its responsibilities as a research and demonstration project.

The linkage capabilities that distinguish a data base from other machine-readable data files, permit the retrieval of data by a variety of categories across the subject population, thereby enabling the creation of the logical records required by the evaluation system.

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3. *STUDENT MANAGEMENT AND MONITORING MODULES*

The principal Student Management and Monitoring Modules developed during our second year are described below. As we expand the scope of computer support the number of modules will be increased. These modules are not mutually exclusive.

3.1 *Student Profile*

The objectives for the utilization of the Student Profile are described in 2. above. The structure of the Profile developed thus far is presented later on. As implementation progresses the content and structure of the Profile will be revised.

3.2 *Student Scheduling/Service Accounting*

This module accomplishes two functions: the scheduling of students requiring service with the appropriate service providers, and the tracking of actual service encounters for service accounting ends.

The objectives of this module are,

1. Improving efficiency of care delivery by matching students and service providers at most convenient times.
2. Timely and accurate reporting of broken appointments for case management, and process monitoring.
3. Accurate accounting of service consumption for billing purposes.
4. Optimizing staff utilization.
5. Quantitative description of service utilization for management decision making.

3.3 *Case Monitoring*

The Monitoring module scans the data base to identify failure of the delivery system to provide care according to predetermined standards. The monitoring function is carried out through two mechanisms:

Care Protocols - comparison of actual events with those defined by specified decision structure based on individual student data items, and

Date Labels - identification through lapsed-time check routines of specified events that did not take place as scheduled: early occurrence, late occurrence or absence of occurrence.

3.4 *Transitional Support*

One of the unique features of the Center Program is the provision of transitional support services to facilitate the integration of the student with his home community, at program completion. The purposes of this module are,

1. Permitting continuity of care in home community.
2. Assisting the student (and his family) in assuming a new "independence" role.

We have begun to identify the functions of this module and discrete data elements required to fulfill those functions.

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PHYSICS DEPARTMENT

PHYSICS 354

LECTURE 1

THEORY OF QUANTUM MECHANICS

CHAPTER 1

THE SCHRÖDINGER EQUATION

1.1 THE SCHRÖDINGER EQUATION

1.2 THE WAVE FUNCTION

1.3 THE PROBABILITY DENSITY

1.4 THE EXPECTED VALUE

1.5 THE UNCERTAINTY PRINCIPLE

1.6 THE HARMONIC OSCILLATOR

1.7 THE PARTICLE IN A BOX

1.8 THE TUNNELING EFFECT

1.9 THE SPIN OF THE ELECTRON

4. STRUCTURE OF THE STUDENT PROFILE

A description of the contents of the Student Profile follows.

On first appearance the Profile may appear unwieldy; for this reason we emphasize that no individual staff user will receive the entire Profile. Rather, data elements are selected and combined to form a concise and meaningful report for each care provider and care coordinator category.

The Profile is organized into the twelve categories of data below. Detailed specifications for each item have been developed and are available.

4.01 *Identification, Status And Agency Sponsorship*

Name, student number, address and telephone

Current Status

State agency counselor (if any)

Clinic number

Medicaid number.

4.02 *Intake*

Date of referral

Referral source and contact

Initial disposition, type and date

Dates of home interviews, and interviewer name

Number of broken appointments and reasons.

4.03 *Social And Demographic*

Age, sex, race

City and state of birth: country and time in U.S. if
foreign born

Primary language if other than English

Marital status

Household composition

Educational attainment

Occupation and employment status

Religion

Family attitudes towards blindness and independence

Familial interaction

Income and income source

Leisure interests and activities.

4.04 *Housing*

Type of residence, tenure

Monthly cash rent/value

Length of residence

Satisfaction with present living arrangements

Type of cooking and laundry facilities.

4.05 *Ophthalmological And Low-Vision*

Dates of Center initiated ophthalmological assessment
and follow-up visits

Dates of Center initiated low-vision assessment and
follow-up visits

Extent of vision: Snellen

Extent of vision: functional

Visual field restrictions

Time blind

Primary and underlying causes of blindness

Current stability of vision

Prognosis

Light conditions most favorable to vision.

Aids/appliances recommended: date and source

Aids/appliances provided: date and source.

4.06 *Audiometric/Audiological*

Dates of Center initiated assessment and visits to
Audiologist/Audiometrist

Hearing impairment - extent

Time impaired

Current stability of hearing

Prognosis

Aids/appliances recommended: dates and source

Aids/appliances provided: dates and source.

4.07 *General Medical*

Dates of Center initiated medical assessment and
follow-up visits

Overall incoming health status and current health status

Results of basic test battery and changes: dates

Height and weight

X-ray and EKG results

Dental status

Active problems: diagnosis and date of onset

Overnight hospitalizations

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PHYSICS DEPARTMENT

PHYSICS 231

LECTURE 10

THEORY OF THE ATOM

1. THE SPECTRUM OF HYDROGEN

2. THE BOHR MODEL

3. THE SCHRÖDINGER EQUATION

4. THE WAVE FUNCTION

5. THE UNCERTAINTY PRINCIPLE

6. THE SPIN OF THE ELECTRON

7. THE PAULI EXCLUSION PRINCIPLE

8. THE PERIODIC TABLE

9. THE LASER

10. THE SEMICONDUCTOR

11. THE SUPERCONDUCTOR

12. THE QUANTUM THEORY OF LIGHT

13. THE QUANTUM THEORY OF MATTER

14. THE QUANTUM THEORY OF THE ATOM

15. THE QUANTUM THEORY OF THE MOLECULE

16. THE QUANTUM THEORY OF THE SOLID

17. THE QUANTUM THEORY OF THE LIQUID

18. THE QUANTUM THEORY OF THE GAS

19. THE QUANTUM THEORY OF THE PLASMA

20. THE QUANTUM THEORY OF THE COSMOS

21. THE QUANTUM THEORY OF THE UNIVERSE

22. THE QUANTUM THEORY OF THE FUTURE

History

Allergies and sensitivities

Current medication

Dietary restrictions

Activity limitations

Conditions impairing tactile sensitivity or balance:
dates of treatment.

4.08 *Pre-Blindness Activities*

Activities of daily living

Self-care

Reading

Visiting friends

Leisure use

Travel, extent and frequency.

4.09 *Psychological Status*

Dates of Center initiated assessment and individual
counseling sessions: dates

Group counseling sessions: dates

Intelligence quotient

Personality test results

Manual dexterity test results

Assessment

Service objectives and current status

Recommendations to staff

Referrals: dates

Services provided.

4.10 *Instructional Status: For each of seven instructional areas.*

Date of Center assessments

Student defined functional aims

Baseline assessment

Instructional objectives and current status

Equipment/aids requested: dates and source

Equipment/aids provided: dates and source

Number of service periods: type and level

Missed periods.

4.11 *Social Work Counseling*

Dates of Center assessments

Overall functioning and aims

Assessment

Service objectives and current status

Equipment/aids requested: dates and source

Equipment/aids provided: dates and source

Referrals: types and dates

Number of service periods: types

Missed periods.

4.12 *Prior Service History*

Rehabilitation instruction: type, dates, source

Social work services: type, dates, source.

Since we are only now entering the implementation phase, we have not yet had the opportunity to determine the relative usefulness of the various data elements of the Student Profile to the student management process.

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5. CILS (COMPUTERIZED INFORMATION LINKAGE SYSTEM)⁶

Following is a discussion of the operation of the Computerized Information Linkage System (CILS) in terms of functions, data requirements, and planned reports. The operation of three systems (Student Management, Monitoring and Evaluation) from one data base demands fairly complex data management functions. A system is required to perform these functions. This system is referred to as the Data Base Manager. The primary aim of this system is to optimize the delivery of care to the individual student. It is for this reason that the basic system record is a dynamic, student-centered one: the Student Profile. All system output is a spinoff of the Profile.

5.1 Overview

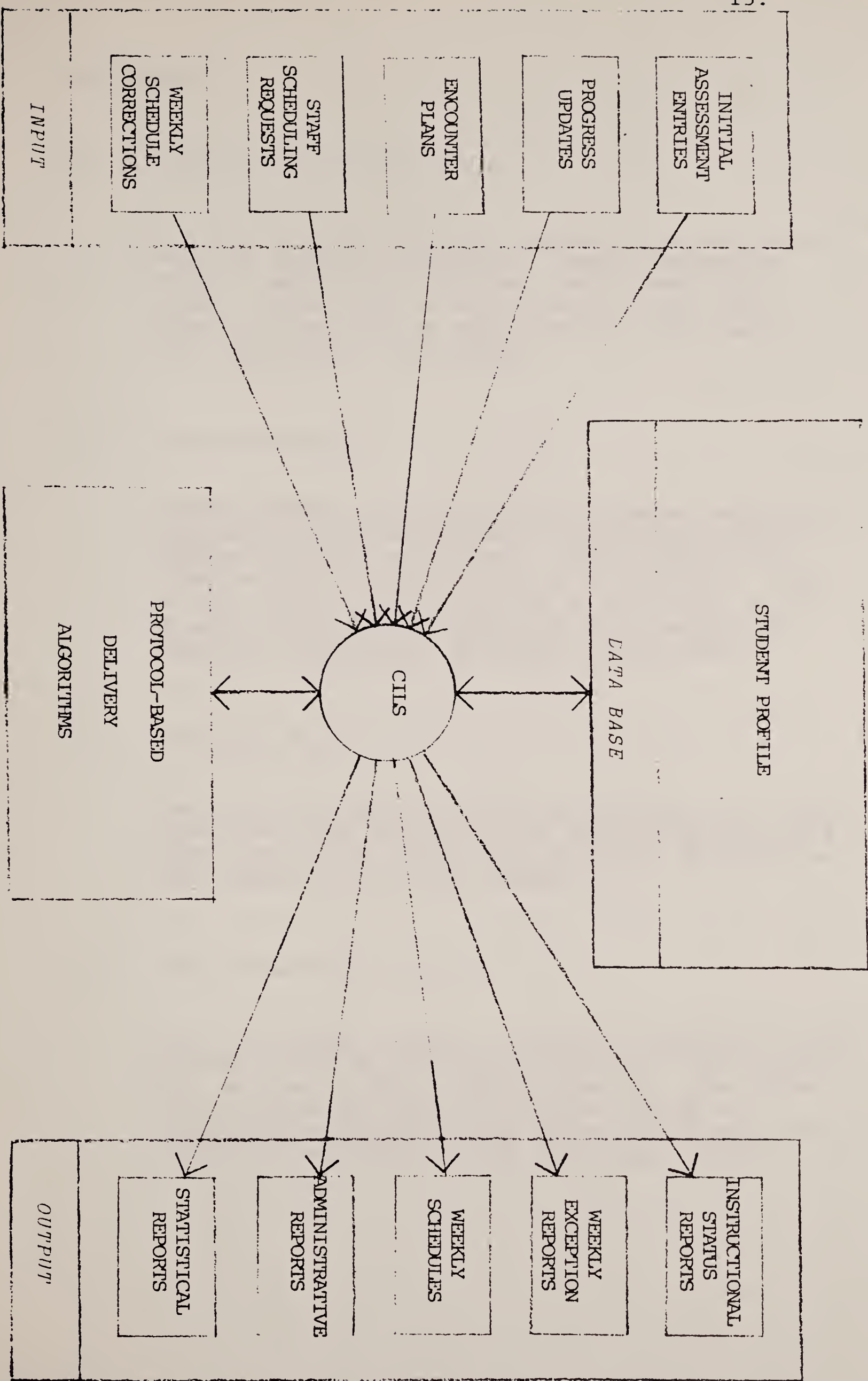
CILS is the data base manager which controls the flow of data and definitions to and from the data base. CILS is responsible for maintaining the security and integrity of the data base and for the following functions:

1. Controlling data organization and accessibility.
2. Manipulation of physical data to create the different types of logical records required by the Student Management, Monitoring and Program Evaluation systems.
3. Maintenance of internal logs on data usage.

CILS converts the input provided by various Student Management system data collection instruments into the Student Profile. In turn, CILS utilizes the Student Profile for the generation of Monitoring and Evaluation reports.

Figure 5.A is a simplified illustration of the CILS creation of the Student Profile and its spinoffs. As this figure illustrates, the Student Profile is the basis of all operations managed by CILS.

Figure 5.A: CILS Operations Overview



5.2 *Basic Inputs*

5.21 *Initial Assessment Entries*

At first contact with the student, each instructor and care provider completes a report assessing student needs and a service plan to meet these needs. These entries report service delivery objectives as well as appliances or other equipment required by the student.

5.22 *Progress Updates*

Service staff complete progress updates indicating progress towards objectives, and changes in the service plan and objectives. These reports are filed weekly by rehabilitation instructors. Other service staff report progress on a monthly basis. We are currently reviewing the ideal length of reporting periods for different disciplines.

5.23 *Encounter Forms*

The aims and effect of services delivered by medical staff and other professionals delivering care on a short-term basis is captured by forms completed at each encounter with the student.

5.24 *Staff Scheduling Requests*

Staff providing care on a regularly scheduled basis prepare requests specifying their availability and then service needs of their students. The latter specify type and level of service, group or individual modality, and if group any students who should not be placed in the same group class.

Staff must report weekly divergences from the CILS produced schedule, such as broken appointments or staff absence.

5.3 *Basic Outputs*

5.31 *Instructional Status Reports*

The Instructional Status Report is a weekly updated printout containing data about an individual student.

This report will be produced for each area in which an individual student is receiving instruction or services. The report is structured to provide for the individual instructor the following:

- current level of skill
- skill objectives to be achieved
- number of service periods scheduled for week
- number of actual service periods delivered
- special requirements and conditions of importance to the instruction effort
- special equipment and aids required.

The appendix contains a sample Status Report, (Item 7.1) for the instructional area of Activities of Daily Living.

5.32 *Weekly Exception Reports*

A variety of "exception" reports are produced by CILS. Some of these reports alert care coordinators that events mandated by protocols or specific staff plans have failed to occur. Other reports of this type identify management problems such as under-

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utilization of specific teaching areas, imbalances in schedule or problems in utilization of staff.

The appendix contains a sample exception report (Item 7.2) listing students who have missed more than 25% of their scheduled service periods.

5.32 *Weekly Schedules*

CILS creates schedules matching students and care providers. Three types of schedules are produced:

- individual instructor schedules
- individual student schedules
- supervisory summaries of schedules.

5.34 *Statistical And Administrative Reports*

CILS produces statistical summaries required by program administration and funding bodies. These reports are produced at varying time intervals as required.

Two sample administrative reports are found in the appendix. Item 7.3 is a listing of students who will require monthly review in a given week. This listing is used by the case manager to schedule monthly student assessment conferences. Item 7.4 is a listing of students admitted to the program showing utilization of program services.

5.4 *System Editing And Screening Routines*

CILS performs the following routines concurrently with data manipulation and report generation functions:

1. Quality Control Edits -

by referring to definitions of field types and lengths, logical value ranges, and requirements

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT
NO. 1000

THE KINETICS OF THE
REACTION OF
HYDROGEN PEROXIDE
WITH
HYDROGEN SULFIDE
IN AQUEOUS SOLUTION

BY
J. H. KINZIE
AND
J. E. HARRIS

DEPARTMENT OF CHEMISTRY
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CHICAGO, ILLINOIS

RECEIVED JANUARY 10, 1956

THE KINETICS OF THE
REACTION OF
HYDROGEN PEROXIDE
WITH
HYDROGEN SULFIDE
IN AQUEOUS SOLUTION

ABSTRACT
The reaction of hydrogen peroxide with hydrogen sulfide in aqueous solution has been studied at various temperatures and concentrations. The reaction is first order in hydrogen peroxide and second order in hydrogen sulfide. The rate of reaction increases with increasing temperature and increasing concentration of hydrogen sulfide.

for completeness, CILS may reject improper or questionable data, and labels data of questionable validity.

2. Analysis of Inter-Record Logic -

the system will continue to request missing data unless it is identified as not available. In addition, it will identify logical discrepancies within the Profile. Such discrepancies are brought to the attention of appropriate staff.

3. Lapsed Time Comparisons -

the system compares date fields to produce monitoring output, scheduling output and a variety of other time-related calculations.

6. ISSUES OF CONFIDENTIALITY AND PRIVACY

Serious issues of confidentiality and privacy are raised by any personal data system storing extensive health and psychosocial data in individually identifiable form. Such issues must be considered because computer-stored data records tend to be more comprehensive than manual records.

It is worthwhile to point out that computer-accessible data is in many regards "safer" than paper files in the typical record room. That is, the nature of machine files requires a more sophisticated staff level to abuse.

Beyond the security offered by the adoption of confidentiality policies and the adherence to their implementation procedures, it is planned to implement tight security controls at the system level. System controls include security keys, coded fields, and file scrambling techniques.

We have addressed such issues by the adoption of the Confidentiality Policy below. This policy was developed using as a guideline the recommendations of the HEW Secretary's Advisory Committee on Automated Personal Data Systems⁷.

6.1 Confidentiality Policy Statement

In order to perform its function, the Center must collect and use personal data about the persons referred for service and on the persons actually served. Personal data about these persons is collected for three purposes,

1. to permit the most effective and appropriate delivery of services by the Center,
2. to establish a data base for program evaluation and research, and
3. for training of rehabilitation personnel.

⁷ Records, Computers, and the Rights of Citizens: Report of the Secretary's Advisory Committee on Automated Personal Data Systems, U.S. Department of HEW, July 1973, DHEW Publication #(OS)73-97.

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Unless the rehabilitant feels free to fully disclose pertinent personal data to rehabilitation staff, the ability of the Center to serve him, and to conduct research activity is greatly compromised. Therefore, it is important that data collected about rehabilitants, either directly or from other care providers be guarded to prevent misuse. The rehabilitant has the right to have identifiable information about his blindness (and other personal data) and services provided kept confidential and not made a subject of publicity.

For the purposes of this statement privacy is understood to be the right of an individual not to divulge personal data about himself, and confidentiality is defined to be the obligation of the personnel of the Center to not divulge in identifiable form personal data about rehabilitants for any purpose without the informed consent of the individual.

This policy statement addresses issues of confidentiality involving:

1. the right of rehabilitants to know about the existence, content and use of Center personal data records about them,
2. the dissemination of identifiable personal data beyond the Center, and
3. the internal use of identifiable personal data.

The statement does not address the use of non-identifiable data for teaching, research or other professional ends.

To ensure congruence between the use rehabilitants expect to be made of individually identifiable Center records and the uses which are made, the Center subscribes to the five Fair Information Practice Principles below. This set of principles was developed using the recommendations of the HEW Secretary's Advisory Committee on Automated Personal Data Systems⁸.

- The rehabilitant has the right to be informed of the existence of the Center record-keeping system.

⁸ *Records, Computers, and the Rights of Citizens: Report of the Secretary's Advisory Committee on Automated Personal Data Systems*, U.S. Department of HEW, July 1973, DHEW Publication #(OS)73-97.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
JANUARY 1950

REPORT OF THE
COMMISSIONER OF THE
BUREAU OF CHEMISTRY
AND MINERALOGY

FOR THE YEAR
1949

BY
J. H. HARRIS

CHICAGO, ILLINOIS
1950

- The rehabilitant has the right to know what information the record contains about him and how it is used.
- The rehabilitant has the right to prevent identifiable information about him to be used or made available for purposes other than those for which it was collected.
- The rehabilitant has the right to correct or amend a record of identifiable information about himself.
- The Center has the responsibility of assuring the reliability of the data for their intended use and for taking reasonable precautions to prevent misuse of the data.

Below are the safeguard requirements used by the Center to define fair information practice. These safeguards represent a modification of the HEW Secretary's Committee Reports Recommended Safeguards for Administrative Data Systems.

6.2 *General Requirements*

The Center will,

1. Develop procedures and rules regarding the internal use and transmittal of personally identifiable data to protect the rehabilitant's right to confidentiality.
2. Make other organizational arrangements required to assure compliance with this confidentiality policy.
3. Take affirmative action to inform all employees about this confidentiality policy and about the rules and procedures designed to assure compliance with it.
4. Specify penalties to be applied to any employee who initiates or contributes to any punitive action against any individual who brings to the attention of appropriate authorities, the press, or any member of the public evidence of unfair information practices.
5. Take reasonable precautions to protect data in the system from any anticipated hazards to the security of the system.

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DEPARTMENT OF CHEMISTRY
RESEARCH REPORT
NO. 1234
BY
J. D. JONES
AND
J. E. SMITH
1955

ABSTRACT
The reaction of the dimer of acetylene with various metal salts has been studied. The results show that the reaction is highly dependent on the nature of the metal ion. In particular, the reaction with silver ions is of interest because of the formation of a complex which is stable in aqueous solution. This complex has been characterized by its infrared spectrum and by its stability to various reagents. The reaction with copper ions also shows some interesting features, particularly in the formation of a precipitate which is soluble in ammonia. The reaction with nickel ions, on the other hand, does not proceed under the conditions studied. The results suggest that the reaction of the dimer of acetylene with metal ions is a general phenomenon which can be used to study the properties of the dimer and the metal ion.

6. Make no transfer of individually identifiable personal data to another organization without
 - specifying requirements for the security of the data, including access limitations, and
 - determining that the conditions of the transfer provide substantial assurance that those requirements and limitations will be observed, except in instances when an individual specifically requests that the data about himself be transferred to another organization.
7. Maintain a complete and accurate record of every access to and use made of any data in the system, including the identity of all persons and organizations to which access has been given.
8. Maintain data in the system with such accuracy, completeness, timeliness and pertinence as is necessary to assure accuracy and reliability of the data for their intended use.
9. Eliminate data from computer-accessible files when the data are no longer timely.

6.3 *Public Notice*

The Center will give public notice of the existence and character of its personal data system. This notice will include future plans to expand the system or build additional personal data systems. The public notice will be in the form of section(s) of the annual research report to be filed with the National Technical Information Service, and forwarded to Governmental agencies funding the Center program. This notice will specify:

1. The name of the system;
2. The nature and purpose of the system;
3. The categories and number of persons on whom data are to be maintained;
4. The categories of data (to be) maintained, indicating which categories are (to be) stored in computer-accessible files;

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5. The organization's policies and practices regarding data storage, duration of retention of data, and disposal thereof;
6. The categories of data sources;
7. A description of all types of use (to be) made of data, indicating those involving computer-accessible files, and including all classes of users and the organizational relationships among them;
8. The procedure whereby an individual
 - is informed that he is the subject of data in the system;
 - can gain access to such data; and
 - can contest their accuracy, completeness, pertinence, and the necessity for returning them.
9. The title, name and address of the person immediately responsible for the system.

6.4 *Rights Of Individual Data Subjects*

The Center shall,

1. Inform individuals asked to supply personal data for the system of any specific consequences for him by providing or not providing such data.
2. Inform rehabilitants (and prospective rehabilitants) on first contact of the existence of the system, its scope, purposes, and users; and to upon request, make data about him in the system fully available to him in a form comprehensible to him.
3. Assure that no use of the individually identifiable data is made that is not within the stated purposes of the system, unless the informed consent of the individual has been explicitly obtained in writing.
4. Inform data subjects, upon their request, of the uses made of data about him, including the identity of all persons and organizations involved and their relationship with the system.

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PHYSICAL CHEMISTRY

LECTURE NOTES

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5. Assure that no data about an individual are made available from the system in response to a demand for data made by means of compulsory legal process, unless the individual to whom the data pertains has been notified of the demand, and has been afforded full access to the data before they are made available in response to the demand.
6. Maintain procedures that
 - allow an individual who is the subject of data in the system to contest their accuracy, completeness, pertinence and the need for retaining them;
 - permit data to be corrected or amended when the individual to whom they pertain so requests; and
 - assure, when there is disagreement between the Center and an individual about whether a correction or amendment should be made, that the individuals's claim is noted and included in any subsequent disclosure or dissemination of the disputed data.

7. *APPENDIX*

ACTIVITIES OF DAILY LIVING STATUS REPORT - 2/03/75.

IDENTIFICATION:

HODDY, NANCY
30 Parker Street
W. Haven, Connecticut
(203) 349-6849

STUDENT #: 046-07-3047

STATE AGENCY: Connecticut RCS
& COUNSELOR: Stanley Miller

CURRENT STATUS: 023

ADMISSION DATE: 2/03/75

SOCIAL & DEMOGRAPHIC:

AGE: 57
TYPE RES: Private home
TENURE: Not avail.

RACE: White
BIRTHPLACE: Connecticut

MARITAL STATUS: Married
HOUSEHOLD TYPE: Lives w/spouse

EDUC. LEVEL: 6mos. College

OCCUPATION: Sales Girl

EMPLOY STATUS: Retired

VISION:

EXTENT: LP-2U
TIME BLIND: 17 mos.
VISION:
AIDS USED: Cataract glasses

BLINDNESS/CAUSE: Det. Retina

BEST LIGHT COND: Not avail.

OTHER MEDICAL:

GENERAL HEALTH: Good
DIETARY REST: None
ACTIVITY LIM: None

HEARING: Uses aid-2yrs

TACTUAL SENSITIVITY: Not avail.

INTELLIGENTIAL SUMMARY:

ACTIVE AREAS:
ADL
ATL

COMPLETED AREAS: None

Braille
Grocery
Grooming
Sensory Devel.
Script
Twining

ADL DETAIL:

ACTUAL PERIODS
PREVIOUS WEEK: 000

MISSED PERIODS
PREV. WEEK: 000

TOTAL PERIODS
CUMULATIVE: 000

MISSED PERIODS
CUMULATIVE: 000

OBJECTIVES
NEEDING: 000

OBJECTIVES
NEED TRNG: 000

OBJECTIVES
COMPLETED: 000

OBJECTIVES
DROPPED: 000

STUDENTS MISSING OVER 25% OF SCHEDULED CLASSES FOR WEEK OF 2/07/75.

STUDENT NAME	STATUS	ADL	PERCENT PAIDLE	MISSED PERIODS GPMG 3AM	SCP	TYP	S.D.	CUMM. PCT.
FATT, LEON C.	023		25%		100%		50%	36%
O'BRIEN, MAE	023				100%	100%	100%	33%
SWARTON, JAV	023		67%					22%

28.
 • 7.3 Students to be Scheduled for
 • Monthly Assessment Conference
 •

STUDENT ASSESSMENT LISTING FOR WEEK OF 2/03 - 2/07/75.

STUDENT NAME	STATUS	ADL	INSTRUCTIONAL STATUS BY AREA					S.D.	LAST ASSESSMENT CONFERENCE
			SPAILLE	GRMC	J&M	SCR	TYP		
DROUKAS, ROBERTA	025	C	IT	C	C	NT	IN	IT	1/10/75
GONZALES, ROBERT	023	IT	IT	IT	IT	IT	NT	IT	1/10/75
HODGE, SOPHIE	023	IT	IT	IT	IT	NT	IT	IT	1/10/75
MOODY, NANCY	023	-	-	-	-	-	-	-	ASSESSMENT, INITIAL
O'BRIEN, MAE	023	-	-	-	-	-	-	-	EXTENDED ASSESSMENT, INITIAL

C- COMPLETE
 IT- IN TRAINING
 NT- NOT TAKEN

7.4 Census By Utilization

STUDENTS IN PROGRAM FOR WEEK OF 2/03 - 2/07/75

STUDENT NAME	STATUS	ADMISSION DATE	ACTUAL PERIODS PREVIOUS WEEK	INSTRUCTION	CUMULATIVE SERVICE REPORT			
					PSYCHOSOCIAL	MEDICAL	RESIDENCE	MEALS
EARDIS, STEVEN	023	12/12/74	17	98	7	4	35	105
BRANCH, NICHOLAS	025	1/17/75	8	15	2	3	0	4
DUGLAS, JOANN	023	1/13/75	19	42	6	3	15	45
DPOUKAS, ROBERTA	025	9/24/74	7	95	18	8	0	38
FATT, LEON, C.	023	1/20/75	18	56	8	3	20	60
GONZALES, ROBERT	023	1/06/75	18	84	10	4	30	90
GOEMAN, KEVIN	023	11/11/75	17	156	36	7	49	144
HODGE, SOPHIE	023	5/13/74	11	480	52	14	140	420
IRVING, ANITA	025	1/06/75	9	27	5	3	0	18
LAMBERT, RONALD	023	11/18/74	22	198	20	5	55	165
MOODY, NANCY	023	2/03/75	0	0	0	0	0	0
O'BRIEN, MAE	023	1/27/75	6	0	2	3	14	42
SHAPTON, JAY	023	10/21/74	21	230	45	20	75	225

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